

## EXHIBIT 7-I

### FINAL INCOME VERIFICATION FOR HOMEOWNERSHIP ASSISTANCE PROJECTS

***(For use when a period of 6 months has transpired  
between the time of application and purchase)***

Completion of this form is required to ensure HOME-assisted homebuyers qualify as income eligible before HOME funds are provided.

I/we, \_\_\_\_\_, as a HOME-assisted buyer certify that my family's annual income of \$\_\_\_\_\_ has not changed from the last amount reported and verified by \_\_\_\_\_ (*Grantee*), for purposes of determining homeownership assistance.

\_\_\_\_\_  
(Signature of Homebuyer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Homebuyer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

HOME Project Activity Number: \_\_\_\_\_

Type of documentation provided for income verification.

☐

Payroll Stub

☐

Savings Account

☐

Pension

☐

Social Security

☐

Other \_\_\_\_\_

☐

Other \_\_\_\_\_